

ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i>				Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 5	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302 and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.							
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.							
1. CONTRACT/PURCH ORDER NO. SP0700-01-D-0228		2. DELIVERY ORDER NO. 0024		3. DATE OF ORDER (YYMMDD) 2004 OCT 13		4. REQUISITION/PURCH REQUEST NO. YPE04271000635	
5. PRIORITY DOA1		6. ISSUED BY CODE SP0900 Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice.Gray@dia.mil		7. ADMINISTERED BY (If other than 6) CODE S0513A DCMA SANTA ANA ROOM 813A 34 CIVIC CENTER PLAZA SANTA ANA CA 92701-4056 CRITICALITY: B		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR CODE 59211 NAME AND ADDRESS PARKER HANNIFIN CUSTOMER SUPPORT IN 14300 ALTON PRKY IRVINNE CA 92618 Vendor's Copy was sent EDI. Do not Duplicate shipment.		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) See Schedule		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS NET 30 days	
13. MAIL INVOICES TO See Block 15		14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6		15. PAYMENT WILL BE MADE BY CODE S33184 DFAS - COLUMBUS CENTER ATTN DFAS BVDPPC/CC 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205 EFT: T		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> PURCHASE This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.			TOTAL: 41			
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: <i>Debbie Mallett</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ 7179.10	29. DIFFERENCE
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.	30. INITIALS
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT				38. RECEIVED BY (Print)		34. CHECK NUMBER	
39. DATE RECEIVED (YYMMDD)				40. TOTAL CONTAINERS		35. BILL OF LADING NO.	
41. S/R ACCOUNT NUMBER				42. S/R VOUCHER NO.			

CONTINUATION SHEET

Order Number:

SP0700-01-D-0228-0024

PAGE OF PAGES

2

5

Manufacture Facilities:

82106

PARKER HANNIFIN CORPORATION
DIV CONTROL SYSTEMS DIVISION -
14300 ALTON PARKWAY
IRVINE CA 92618-1898

Supplies and Packaging - Inspection and Acceptance Address:

82106

PARKER HANNIFIN CORPORATION
DIV CONTROL SYSTEMS DIVISION -
14300 ALTON PARKWAY
IRVINE CA 92618-1898

CLIN 0001 cross references to Tinker Item #EF35.

CONTINUATION SHEET

Order Number:

SP0700-01-D-0228-0024

PAGE OF PAGES

3

5

SECTION B

PR YPE04271000635
NSN 5945-01-019-0942

ITEM DESCRIPTION:

SOLENOID, ELECTRICAL

CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (92003) P/N 2731111

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AA	YPE04271000635	0001	15	EA	\$175.10000	\$2626.50

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

DELIVERY FOB: ORIGIN BY: 2005 AUG 09

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AB	YPE04271000635	0001	15	EA	\$175.10000	\$2626.50

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

DELIVERY FOB: ORIGIN BY: 2005 SEP 08

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AC	YPE04271000635	0001	11	EA	\$175.10000	\$1926.10

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

DELIVERY FOB: ORIGIN BY: 2005 OCT 08

CONTINUED ON NEXT PAGE

SECTION B

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:

WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:

UNIT CONT = XX: OPI = O:

INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:

PACK CODE = U:

MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

PARCEL POST ADDRESS:

SW3210
DISTRIBUTION DEPOT HILL
7537 WARDLEIGH RD
HILL AFB UT 84056-5734

FREIGHT SHIPPING ADDRESS:

SW3210
DISTRIBUTION DEPOT HILL
7537 WARDLEIGH RD BLDG 849W
HILL AFB UT 84056-5734

CONTINUED ON NEXT PAGE

CONTINUATION SHEET

Order Number:

SP0700-01-D-0228-0024

PAGE OF PAGES

5

5

SECTION B

NON-MILSTRIP
PROJ

REMIT PAYMENT TO:

PARKER HANNIFIN CORP
CUSTOMER SUPPORT OPERATIONS
7969 COLLECTION CENTER DRIVE
CHICAGO IL 60693
